

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

MARCOS ANTONIO GEIGEL

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

SUPERINTENDANT JANINE
QUIGLEY - AND -
PRIMECARE MEDICAL INC.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name MARCOS ANTONIO GEIGEL
ID # KM-9153
Current Institution STATE CORRECTIONAL INS. DALLAS
Address 1000 FOLLIES RD
DALLAS, PA 18612



17 2923

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Superintendent JANINE QUIGLEY Shield # NA
 Where Currently Employed Berks County Correctional fac.
 Address 1287 County Welfare Road
Leesport, PA 19533-9397

Defendant No. 2 Name Primecare Medical Inc. Shield # NA
 Where Currently Employed Berks County Correctional fac.
 Address 1287 County Welfare Road
Leesport, PA 19533-9397

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? Berks County Correctional Institution
- B. Where in the institution did the events giving rise to your claim(s) occur? on the gravel pad between where the Paddy wagon parks and inmate's enter and exit the prison going to and from court
- C. What date and approximate time did the events giving rise to your claim(s) occur? on

The day of December 11th 2015 During Regular Business hours of courts

What happened to you?

D. Facts: I fell when shackled and handcuffed ~~and~~ the fall occurred by my shackle chains getting stuck on a random piece of reinforcing bar. I sustained a back injury from the fall and did not receive proper medical treatment

Who did what?

The Berks County Correctional Institute Neglected ~~me~~ To keep me safe from injury. Primecare Medical Inc. failed to give me proper medical treatment

Was anyone else involved?

Who else saw what happened?

The Sheriff and transport officer, Also the Inmate's I was handcuffed to and being transported to and from court with that day 2 particular inmates shown instead Todd # 1994-3456
Juan A. Borer Lopez # 2009-4492 DOB 2-21-71

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

After several hrs. of complaining And begging to go to medical I was seen by an Unknown Nurse who did not examine me or order X-Rays All she should do was Give me Motrin And let it from that Friday to Monday in extreme pain to see a DR. I was They told to sit down on a medical bed then the R.N. Grabbed my legs pulled them up causing extreme pain in my back She then Not the DR. said nothing was wrong with my back. I ask to go to the hospital was refused see Attached

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Berks County Correctional Institution

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? The safety issue and medical issue

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Berks County Correctional Institution

1. Which claim(s) in this complaint did you grieve? I received no response to the safety issue and grieved the medical issue

2. What was the result, if any? on the safety issue I received no response on the medical issue I was told by Lt. Castro to call sick call

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I wrote the Lt's, Sgt's, medical the Superintendent, the head of medical to receive only a response Grievance # 2705-15 See Attached:

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I wrote 5 Grievance's and only recieved a response to 1 Grievance Numbered 2205-15 see Attached

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I want proper medical treatment for my injury free of charge on my account. I want them to pay any and all legal

Fees pertaining to this Proceeding 1983 and prior 1983 in which was dismissed due to my lack of knowledge of law, and not being able to read, write, or speak the english language well Also \$120,000.00 for Upain and suffering, Mental anguish and Violation of my (V) Amendment Rights my (VIII) Amendment Right Also my constitutional Rights as a U.S. Citizen

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff MARCOS ANTONIO GEIGEL
Defendants BERKS COUNTY, PA; BERKS COUNTY JAIL, PA.

2. Court (if federal court, name the district; if state court, name the county) EASTERN
3. Docket or Index number No. 5:17-CV-00925

On
these
claims

4. Name of Judge assigned to your case JOSEPH F. LEESON, JR.
5. Approximate date of filing lawsuit 6th of March, 2017,
6. Is the case still pending? Yes ☐ No ☒
- If NO, give the approximate date of disposition March, 2017
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) dismissed

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ☐ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22 day of JUNE, 2017.

Signature of Plaintiff

Inmate Number

Marcel A. Delgado
KM-9153

Institution Address SCI DALLAS
1000 Follies Road
Dallas PA 18612

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 22 day of June, 2017, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Marissa Leigel